MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3088

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS MO. (No. CITY HOSPITAL #1 St. ..... Ward)

File No. ..... Registered No. 295

2. FULL NAME AUGUSTA LEONARD.

(a) Residence. No. 2566 BENTON ST. St., 20 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
FEMALE.	WHITE.	DIVORCED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHARLES W. LEONARD.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/1/1882.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	48	10	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work SHOE WORKER. 86

(b) General nature of industry, business, or establishment in which employed (or employer) HAMILTON & BROWN.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY. 10

PARENTS

10. NAME OF FATHER FREE KROEPEL.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) GERMANY.

12. MAIDEN NAME OF MOTHER HENRIETTA SCHMIDKE.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) GERMANY.

14. INFORMANT Robert Leonard
(Address) 4615 Green Ave

15. FILED -8 1931 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/5/31. 1931

17. No Physician in Attendance

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19....., and that death occurred on the date stated above, at THREE P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lysol Poisoning (self administered) at residence

While Suffering from temporary Mental Aberration yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Suicide

1630 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

84 1659

IF NOT AT PLACE OF DEATH

8

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Kerner ~~M.D.~~

1/8, 1931 (Address) Dep. Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memoria Park, Cem

DATE OF BURIAL 1/8/31 19

20. UNDERTAKER Provost Lund Co

ADDRESS 37-10 Hy Grand

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.